

# Washington State



*Mt. Rainier: Taken from the airplane by a community planning member upon their return from the State Community Planning Group meeting, 2004*

## 2007 UPDATE to the 2005-2008 Comprehensive HIV Prevention Plan

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## EXECUTIVE SUMMARY

The Washington State HIV Prevention Planning Group (SPG) has produced a 2007 Update to its 2005-2008 Comprehensive HIV Prevention Plan. Each of the SPG's committees focused on assignments identified in its multi-year planning schedule and produced the following major accomplishments for the year:

- The Epidemiology and Population Profile Committee undertook a review of the major data elements used by the Department of Health (DOH) to characterize the statewide populations most at risk of HIV infection. This review resulted in a new consolidated list of seven populations most at risk to replace the list of nine populations originally established for the 2005-2008 planning cycle.
- 150 women of color at risk of HIV infection from six different communities in the state were surveyed as part of a statewide assessment to identify the HIV prevention needs of women of color in Washington State. The survey results will be analyzed by the DOH HIV/AIDS Assessment Unit and presented to the Community Services Assessment (CSA) Committee which originally commissioned this assessment project on behalf of the SPG. The CSA Committee also identified *Hispanic MSM who may also have sex with women* as the next population for which an HIV prevention needs assessment should be conducted.
- The Membership Committee assured that all new members, six in the past year, participated in a 4-hour orientation session to understand the policies and procedures of HIV prevention planning and the roles and responsibilities of participation on the SPG.
- The Interventions Committee continues to review published literature to identify effective interventions for the SPG's populations most at risk. Based on a recommendation by the committee, the SPG received a presentation on the "Partnerships for Health" intervention for HIV infected persons. The committee is currently finalizing protocols and procedures for collecting information to produce a "Lessons Learned" document on successful HIV prevention programs within the state.
- The Process Committee approved a methodology for conducting the next SPG gap analysis, scheduled for 2008, and charged DOH with researching and recommending population estimates to be used in the gap analysis process (see Attachment C).
- The Executive Committee led the SPG through a process to evaluate the effectiveness of its organizational structure and meeting processes. New meeting procedures were established and implemented in June 2006 and are still being tested to ensure that they meet the needs of the members to accomplish all tasks in the planning process.

- Another major accomplishment in HIV prevention community planning was the reconstitution of the Region 5 RPG. This new regional planning group has succeeded in approving Region 5 Plan Updates for 2006 and 2007, and has issued Letters of Concurrence that planned HIV prevention expenditures by the Region 5 AIDSNET reflect the priorities established in their regional plans. These accomplishments by the RPG and the AIDSNET allowed DOH to release funds that had been restricted in CY 2006.
- Seven members of the SPG and/or RPGs, and three DOH staff, attended the HIV Prevention Leadership Summit in Dallas in June 2006.

More than ninety residents of Washington State actively participate in the statewide HIV prevention planning process through membership on one of the six RPGs. Each RPG works diligently to undertake all elements of the planning process as outlined in CDC guidance and to produce their own regional plans and plan updates. The work of all these dedicated volunteers, and the staff who support them, ensures that HIV prevention planning in Washington State supports the identification and implementation of effective interventions for reducing new HIV infections in all regions of our state.

## **Goal One: Community Planning supports broad-based community participation in HIV prevention planning**

**Objective A: Implement an open recruitment process (outreach, nominations, and selection) for CPG membership.**

### **2007 SPG UPDATE**

The membership of the SPG has been at its maximum number of 32 throughout most of the planning year and attendance by all members at SPG meetings has been excellent. The six RPGs, which appoint three members each to the SPG, have appointed new members in 2006 who are able to represent some of the state's populations most at risk for HIV infection. The SPG's Membership Committee also recruited two additional new members to the SPG representing populations most at risk. The Membership Committee sponsored a New Member Orientations on April 27, 2006 for six new members, and plans to fill vacancies in SPG membership as they occur with underrepresented populations most at risk in order to enhance the representativeness of the SPG.

Table 1 below presents the results of the CDC Community Planning Membership Survey, Part 1, completed by members of the SPG as well as members of all six of the RPGs. Table 2 documents the results of an additional membership survey to show which of the populations most at risk for HIV infection in Washington State have at least one member on the SPG who reflect the perspective of that population.

### **SUMMARY OF RPG 2007 UPDATES**

Table 1 below shows that the combined membership of the six RPGs in Washington State total more than 90 residents, and provides statewide characteristics for the residents involved in HIV prevention community planning throughout our state. Table 3 documents the results of a membership survey, completed by members of each RPG, to show which of the populations most at risk for HIV infection in each of the regions have at least one member on the RPG who reflects the perspective of that population. These tables show that the RPGs continue to include members in accord with planning guidance from the CDC and their respective bylaws. The membership of most RPGs has remained stable throughout the planning year, with only a few vacancies requiring new recruitment efforts.

The Region 5 RPG was disbanded in September of 2005. In January 2006, Region 5 established a broad-based community Membership Advisory Committee to develop selection criteria for new members to form a new Region 5 RPG. The committee reviewed applications and made recommendations for reconstituting the RPG. With new members identified and recruited through an open community-wide process, the newly-reconstituted Region 5 RPG began meeting in January 2006.

**Objective B: Ensure that the CPG membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies.**

**Table 1: SPG and RPG Membership Survey Results (Part I)**

(Percentages are rounded, and therefore, may not equal 100% in all categories)

<b>MEMBERSHIP CHARACTERISTIC</b>	<b>SPG</b>	<b>PERCENT</b>	<b>RPGS COMBINED</b>	<b>PERCENT ALL RPGS</b>
<b>AGE</b>	<b>29</b>		<b>94</b>	
13 or under	0	0%	0	0%
13-18	0	0%	0	0%
19-24	1	3%	1	1%
25-34	3	10%	12	13%
35-44	4	14%	24	26%
45+	21	72%	57	60%
<b>GENDER</b>	<b>29</b>		<b>94</b>	
Male	13	45%	41	44%
Female	16	55%	52	55%
Transgender	0	0%	1	1%
No Response	0	0%	0	0%
<b>SEXUAL ORIENTATION</b>	<b>29</b>		<b>94</b>	
Heterosexual	17	59%	57	61%
Gay	7	24%	26	28%
Lesbian	2	7%	7	7%
Bisexual	0	0%	2	2%
Unknown	0	0%	0	0%
Other	0	0%	1	1%
No Response	3	10%	1	1%
<b>RACE</b>	<b>29</b>		<b>94</b>	
American Indian/Alaska Native	0	0%	5	5%
Asian	1	3%	1	1%
Black/African American	4	14%	6	6%
Native Hawaiian/Pacific Islander	0	0%	1	1%
White	22	76%	76	81%
Other Response: Mexican Amer.	0	0%	1	1%
No Response	2	7%	4	4%
<b>ETHNICITY</b>	<b>29</b>		<b>94</b>	
Hispanic/Latino(a)	4	14%	15	16%
Non-Hispanic/Non-Latino(a)	25	86%	77	82%
No Response		0%	2	2%

<b>MEMBERSHIP CHARACTERISTIC</b>	<b>SPG</b>	<b>PERCENT</b>	<b>RPGS COMBINED</b>	<b>PERCENT ALL RPGS</b>
<b>RISK POPULATIONS REPRESENTED<sup>1</sup></b>	<b>46</b>		<b>143</b>	
MSM	13	48%	44	31%
MSM/IDU	7	11%	20	14%
IDU	10	11%	29	20%
Heterosexual	9	15%	30	21%
Sex with Transgender	0	0%	1	1%
Sex with Transgender and IDU	0	0%	2	1%
General Population	7	7%	17	12%
No Response	0	7%	0	0%
<b>GEOGRAPHIC LOCATION</b>	<b>29</b>		<b>94</b>	
Rural	3	10%	18	19%
Urban Non-Metropolitan	12	41%	37	39%
Suburban	5	17%	4	4%
Urban Metropolitan	8	28%	34	36%
Other: Reservation	0	0%	1	1%
No Response	1	3%		
<b>PRIMARY AND SECONDARY AREA OF EXPERTISE<sup>1</sup></b>	<b>48</b>		<b>143</b>	
Epidemiologist	2	2%	4	3%
Behavioral or Social Scientist	7	8%	7	5%
Evaluation	1	4%	3	2%
Intervention Specialist/Service Provider	10	21%	36	25%
Health Planner	5	10%	14	10%
Community Representative	7	27%	20	14%
Community Organization	9	11%	18	13%
PLWHA	4	11%	16	11%
Other: Public Health Nurse; Latino Outreach; Case Manager	3	6%	25	17%
No Response	0	0%	0	0%
<b>FAMILY/PARTNER LWHIV/AIDS</b>	<b>29</b>		<b>94</b>	
Yes	22	76%	64	68%
No	5	17%	28	30%
Don't Know	0	0%	2	2%
No Response	2	7%	0	
<b>SEROSTATUS</b>	<b>29</b>		<b>94</b>	
Living With HIV/AIDS	4	14%	20	21%
Not Living With HIV/AIDS	23	79%	70	74%
Don't Know	0	0%	4	4%
No Response	2	7%	0	0%



<b>MEMBERSHIP CHARACTERISTIC</b>	<b>SPG</b>	<b>PERCENT</b>	<b>RPGS COMBINED</b>	<b>PERCENT ALL RPGS</b>
<b>ORGANIZATIONS REPRESENTED<sup>1</sup></b>	<b>43</b>		<b>127</b>	
Faith	2	5%	3	2%
Minority CBO	2	10%	9	7%
Non-Minority CBO	6	12%	13	10%
Other Nonprofit	2	12%	9	7%
Business and Labor	0	0%	0	0%
Health Department : HIV/AIDS	13	21%	42	33%
Health Department: STD	3	7%	4	3%
Substance Abuse	1	0%	3	2%
HIV Care and Social Services	4	12%	13	10%
State/Local Education Agencies	1	2%	4	3%
Mental Health	0	0%	0	0%
Homeless Services	0	2%	2	2%
Academic Institution	2	0%	3	2%
Research Center	0	0%	0	0%
Corrections	0	0%	1	1%
Non-Agency/Community Representative	5	12%	13	10%
Other: Community; PLWHA; State Medicaid; RWCA Consortium	2	5%	8	6%
No Response			0	0%
<b>PRIMARY ORGANIZATION RECEIVES HIV FUNDING FROM THE HEALTH DEP'T</b>	<b>29</b>		<b>94</b>	
Yes	17	48%	61	65%
No	11	29%	20	21%
Not Applicable	1	22%	13	14%
No Response			0	0%
<b>SECONDARY ORGANIZATION RECEIVES HIV FUNDING FROM THE HEALTH DEP'T</b>	<b>29</b>		<b>49</b>	
Yes	10	15%	17	35%
No	11	37%	9	18%
Not Applicable	7	44%	23	47%
No Response	1	4%	0	0%

<sup>1</sup> The membership survey allowed each member to mark multiple responses within this category. Therefore, the total number of responses exceeds the number of members completing the survey.

**Objective C: Foster a community planning process that encourages inclusion and parity among community planning members.**

**Table 2: Proportion of Populations Most at Risk (Epidemiologic Profile) Represented on the SPG**

<b>POPULATIONS MOST AT RISK</b> (identified by the DOH HIV/AIDS Epidemiologist)	<b>AT LEAST ONE SPG MEMBER REFLECTS THE PERSPECTIVE OF THIS POPULATION</b>
HIV+ individuals (living with HIV/AIDS)	X
MSM being diagnosed with or at risk for STDs in urban areas	X
MSM/IDU	X
Black MSM who may also have sex with women	X
Hispanic MSM who may also have sex with women	X
MSM in small town/isolated rural areas	X
Women who inject and/or have sex with injectors	X
Women under 30 who have heterosexual partners at high risk for HIV	X
IDUS, particularly in rural areas and with attention to Native Americans	X
<b>TOTAL POPULATIONS</b>	<b>9</b>
<b>TOTAL REPRESENTED</b>	<b>9</b>
<b>PROPORTION</b>	<b>100%</b>

**Table 3: Summary of Proportion of Populations Most at Risk Represented on the RPGs**

<b>Regional Planning Group</b>	<b>Number of populations most at risk</b>	<b>Number of populations most at risk represented on the RPG</b>	<b>Proportion of populations most at risk represented on the RPG</b>
<b>Region One</b>	<b>9</b>	<b>9</b>	<b>100%</b>
<b>Region Two</b>	<b>9</b>	<b>8</b>	<b>89%</b>
<b>Region Three</b>	<b>10</b>	<b>9</b>	<b>90%</b>
<b>Region Four</b>	<b>9</b>	<b>9</b>	<b>100%</b>
<b>Region Five</b>	<b>9</b>	<b>9</b>	<b>100%</b>
<b>Region Six</b>	<b>9</b>	<b>9</b>	<b>100%</b>

**Goal Two: Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified population) in each jurisdiction.**

**Objective D: Carry out a logical evidence-based process to determine the highest priority, population-specific prevention needs in the jurisdiction.**

**2007 SPG UPDATE**

In the first year of this four-year planning cycle, and based on CDC's newly revised HIV Prevention Community Planning Guidance, DOH's HIV Assessment Unit identified populations most at risk of HIV transmission and/or infection for the SPG as well as for the RPGs. These populations were significantly more specific than the four or five broad population descriptions used in past planning cycles. These newly established populations were prioritized by each planning group and have served as the priority populations for the past two years. However, it was difficult for planning groups to identify effective interventions for these very specific populations and it was challenging for prevention service providers to target these populations exclusively. Based on these concerns, the SPG Epidemiology and Population Profile Committee undertook a review of the populations and the factors used to characterize them, and chose to drop some of the factors for describing populations most at risk. This resulted in a recharacterization of the populations and in effect combined some of the populations most challenging to target. The result was a new listing of seven recharacterized populations most at risk, including HIV infected persons. Because the effect of the recharacterization was to collapse multiple populations together, the SPG determined that there was no need to conduct a reprioritization process, and chose to adopt the new populations most at risk for 2007-2008 (see Table 4 below).

The SPG's Process Committee is charged with developing methods for conducting the population prioritization process and the gap analysis. Because this committee is dependent on work products from other committees, i.e. Epidemiologic Profile and CRI, the committee consists of representatives of each of the other SPG committees, thereby assuring coordination of efforts and strategies. The committee has made preliminary decisions on the methods and timeline to be used for conducting a gap analysis in CY 2008 (see appendix C). DOH has been charged by the committee to develop various population estimates that will be use in the gap analysis process. The committee will continue to meet, as needed, and as DOH completes the development of the information needed to support the gap analysis process.

## **SUMMARY OF RPG 2007 UPDATES**

The new statewide list of recharacterized populations most at risk was adopted by the SPG late in the planning year (April 2006). Each of the RPGs was given the option to modify their own populations to reflect the new factors in either 2006 or 2007. Most of the RPGs have chosen to wait until 2007. The RPG's current prioritized populations most at risk are presented in Table 5 below.

**Objective E: Ensure that priority target populations are based on an epidemiologic profile and a community services assessment.**

### **2007 SPG UPDATE**

In addition to the accomplishments of the Epi/Population Profile Committee as stated above, an assessment of the needs of African American and Hispanic women at risk for HIV infection was conducted by DOH under the direction of the CSA Committee. A contractor was engaged to conduct 150 interviews with women of color at risk in six communities throughout the state. The interviews were completed and surveys submitted to DOH in June. The DOH Assessment Unit will complete data entry and analysis of survey results and prepare a report for the CSA Committee and full SPG to use for the 2007 planning year.

The SPG's Community Services Assessment (CSA) Committee was also delegated the assignment to identify the next appropriate population for which to conduct a statewide HIV prevention needs assessment.

## **SUMMARY OF RPG 2007 UPDATES**

In 2006, the regions focused on assisting DOH to complete the above-mentioned statewide needs assessment for African American and Hispanic women at risk for HIV infection. Additional regional needs assessment activities were initiated with the Lummi Nation and female IDUs in Region 3, internet-using MSM in Region 4, Hispanics at risk in Region 6, and IDU in Region 1. Multiple additional needs assessment activities are planned by the RPGs in the coming planning year.

**Table 4: Statewide Prioritized Populations (Recharacterized for 2007 Plan Update)**

<b>2004 Priority Rank</b>	<b>SPG Priority Populations 2004 - 2006</b>	<b>SPG Priority Populations 2007 - 2008</b>	<b>2007 Priority Rank</b>
1	HIV+ individuals (living with HIV/AIDS)	HIV+ individuals (living with HIV/AIDS)	1
2	MSM/IDU	MSM/IDU	2
3	Black men who have sex with men who may also have sex with women	Black men who have sex with men who may also have sex with women	3
4	Women under 30 who have heterosexual partners at high risk for HIV	Women who have heterosexual sex with partners at high risk for HIV	4
5	MSM being diagnosed with or at risk for STDs in urban areas	MSM (with the exception of priority groups 3 & 6)	5
6	MSM in small town/isolated rural areas		
7	Hispanic men who have sex with men who may also have sex with women	Hispanic men who have sex with men who may also have sex with women	6
8	Women who inject and/or have sex with injectors	IDUs	7
9	IDUS, particularly in rural areas and with attention to Native Americans		

**Table 5: Regional Prioritized Populations**

<b>PRIORITY RANKING</b>	<b>REGION ONE</b>	<b>REGION TWO</b>	<b>REGION THREE</b>
<b>1</b>	HIV+ Individuals	HIV+ Individuals	HIV+ Individuals
<b>2</b>	MSM/IDU	MSM/IDU	MSM being diagnosed with or at risk for STDs (specifically GC and syphilis)
<b>3</b>	MSM who live in isolated rural areas (outside Spokane)	Black MSM who may also have sex with women	Women who inject and/or have sex with injectors, particularly Black and AI/AN
<b>4</b>	MSM being diagnosed with or at risk for STDs in Spokane	Hispanic women with heterosexual partners at high risk for HIV	Black MSM who may also have sex with women
<b>5</b>	IDUs, particularly rural, and Black, Hispanic, and Native Am.	MSM being diagnosed with or at risk for STDs in Yakima	NA/AI men and women at high risk (MSM, IDU, women partners of IDU)
<b>6</b>	Women who inject and/or have sex with injectors	Hispanic MSM, who may also have sex with women	IDUs in large and medium size counties (Snohomish, Whatcom, Skagit)
<b>7</b>	Hispanics (MSM and IDU) who live outside Spokane	MSM who live in isolated rural areas (outside Yakima)	Women under 30 who have heterosexual partners at high risk for HIV
<b>8</b>	Hispanic MSM, who may also have sex with women	Women who inject and/or have sex with injectors	MSM/IDU
<b>9</b>	Black MSM who may also have sex with women	IDU	MSM who live in small counties (San Juan, Island)
<b>10</b>			Hispanic MSM who may also have sex with women

<b>PRIORITY RANKING</b>	<b>REGION FOUR</b>	<b>REGION FIVE</b>	<b>REGION SIX</b>
<b>1</b>	HIV+ Individuals	HIV+ Individuals	HIV+ Individuals
<b>2</b>	MSM testing for STDs	Women who have heterosexual sex with men at high risk for HIV, particularly Black women under the age of 30	MSM who live in small counties
<b>3</b>	MSM/IDU, age 25 and older	Black MSM who may also have sex with women	MSM/IDU
<b>4</b>	Latino MSM, age 25 and older	Women who inject and/or have sex with injectors, particularly over the age of 30	Women who inject and/or have sex with injectors
<b>5</b>	Black MSM, age 25 and older	IDUs, particularly Blacks and Hispanics	MSM being diagnosed with or at risk for STDs
<b>6</b>	Young MSM, under age 25	MSM/IDU	IDU in large and medium size counties
<b>7</b>	IDU	Hispanic MSM who may also have sex with women	Hispanic MSM who may also have sex with women
<b>8</b>	White MSM, age 25 and older	MSM being diagnosed with or at risk for STDs	Black MSM who may also have sex with women
<b>9</b>	Foreign born Black heterosexuals, age 25 and older	MSM who live in isolated rural areas	Black women who have heterosexual partners at high risk for HIV
<b>10</b>			

**Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science outcome effectiveness, and/or have been adequately tested with intended consumers for cultural appropriateness, relevance, and acceptability.**

## **2007 SPG UPDATE**

The Effective Interventions Committee of the SPG is charged with producing a set of science-based HIV prevention interventions demonstrated to be effective for each of the priority populations established by the SPG. This was accomplished by the committee in 2004, and the intervention sets, for each population, are included in the following Table 6. It is an on-going priority of the Effective Interventions Committee to continue to review published literature on effective interventions and to add interventions to the table when they are identified. The committee is also conducting a survey of local HIV prevention programs in Washington State in an attempt to identify “Lessons Learned” in HIV prevention that are currently being implemented at the local level in our state.

## **SUMMARY OF RPG 2007 UPDATES**

Selection and implementation of appropriate and acceptable interventions continues to be a major focus for the RPGs and the regional AIDSNETs. Some regions are increasingly focusing their resources on the implementation of DEBI and Procedural Guidance (PG) interventions. At least one region has required all subcontractors to utilize CDC HIV prevention funding exclusively for DEBI and PG interventions. Several regions are also choosing to increasingly focus prevention efforts on HIV infected individuals with both brief interventions with evidence of effectiveness, e.g. “Partnership for Health”, and CRCS (formerly known as PCM).

Some communities have faced challenges implementing effective interventions at the local level including an inability to engage the target population within the context of community norms. These communities have chosen to implement other effective interventions deemed more appropriate and acceptable to the target population and which also are more acceptable to community norms. One region released an RFP for a DEBI intervention for African American MSM and received no applications. The local health department approached a newly-formed minority-based organization and is negotiating a contract for implementation of the intervention.



**TABLE 6: PREVENTION ACTIVITIES/INTERVENTIONS FOR SPG PRIORITIZED POPULATIONS**

**Priority Population #1: HIV INFECTED INDIVIDUALS**

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
<b>PCRS</b>	<b>PCRS</b>	YES	YES	YES	YES	YES	NO	YES
<b>“Community Promise”</b>	<b>CLI</b>	YES	YES	YES	YES	YES	NO	YES
<b>Prevention Case Management</b>	<b>Prevention Case Management</b>	YES	YES	YES	YES	YES	NO	YES
<b>Padian, O’Brien, et al. (1993)</b>	<b>ILI</b>	YES	YES	YES	YES	YES	NO	YES
<b>“Healthy Relationships”</b>	<b>GLI</b>	YES	YES	YES	YES	YES	NO	YES
<b>“Many Men, Many Voices”</b>	<b>GLI</b>	YES	YES	YES	YES	YES	NO	YES
<b>“Safety Counts”</b>	<b>GLI</b>	YES	YES	YES	YES	YES	NO	YES

**Priority Population #2: MSM/IDU**

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
<b>HIV Counseling/Testing</b>	<b>HIV Counseling/Testing</b>	YES	YES	YES	YES	YES	NO	YES
<b>PCRS</b>	<b>PCRS</b>	YES	YES	YES	YES	YES	NO	YES
<b>“Safety Counts”</b>	<b>GLI</b>	YES	YES	YES	YES	YES	NO	YES
<b>Cottler, Compton, et. al (1998)</b>	<b>GLI</b>	YES	YES	YES	YES	YES	NO	YES
<b>“Community Promise”</b>	<b>CLI</b>	YES	YES	YES	YES	YES	NO	YES
<b>Syringe Exchange</b>	<b>Syringe Exchange</b>	YES	YES	YES	YES	YES	NO	YES
<b>Prevention Case Management</b>	<b>Prevention Case Management</b>	YES	YES	YES	YES	YES	NO	YES

**Priority Population #3: BLACK MSM, WHO MAY ALSO HAVE SEX WITH WOMEN**

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
“Many Men, Many Voices”	GLI	YES	YES	YES	YES	YES	NO	YES
Kelley, Lawrence, et al. (1990)	GLI	YES	YES	YES	YES	YES	NO	YES
“VOICES, VOCES”	GLI	YES	YES	YES	YES	YES	NO	YES
“Community Promise”	CLI	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

**Priority Population #4: WOMEN <30 WHO HAVE HETEROSEXUAL PARTNERS AT HIGH RISK FOR HIV**

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
Di Clemente, Wingwood (1995)	GLI	YES	YES	YES	YES	YES	NO	YES
Kelley, Murphy, et al. (1994)	GLI	YES	YES	YES	YES	YES	NO	YES
Shain, Piper, Newton, et al. (1999)	GLI	YES	YES	YES	YES	YES	NO	YES
“Community Promise”	CLI	YES	YES	YES	YES	YES	NO	YES
Lauby, Smith, Stark, et al. (2000)	CLI	YES	YES	YES	YES	YES	NO	YES
Tross, Abdul-Quader, et al. (1993)	Combination	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

**Priority Population #5: MSM BEING DIAGNOSED WITH, OR AT RISK FOR, STD's IN URBAN AREAS**

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
<b>HIV Counseling/Testing</b>	<b>HIV Counseling/Testing</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>PCRS</b>	<b>PCRS</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>Cohen, MacKinnon, et al. (1992)</b>	<b>GLI</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>O'Donnell, O'Donnell, et al. (1998)</b>	<b>GLI</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>"Community Promise"</b>	<b>CLI</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>Prevention Case Management</b>	<b>Prevention Case Management</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>

**Priority Population #6: MSM IN SMALL TOWNS OR ISOLATED RURAL AREAS**

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
<b>HIV Counseling/Testing</b>	<b>HIV Counseling/Testing</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>PCRS</b>	<b>PCRS</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>"Many Men, Many Voices"</b>	<b>GLI</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>"Community Promise"</b>	<b>CLI</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>Prevention Case Management</b>	<b>Prevention Case Management</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>

**Priority Population #7: HISPANIC MSM WHO MAY ALSO HAVE SEX WITH WOMEN**

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
“Many Men, Many Voices”	GLI	YES	YES	YES	YES	YES	NO	YES
“VOICES/VOCES”	GLI	YES	YES	YES	YES	YES	NO	YES
Kelley, Lawrence, et al. (1990)	GLI	YES	YES	YES	YES	YES	NO	YES
“Community Promise”	CLI	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

**Priority Population #8: WOMEN WHO INJECT AND/OR HAVE SEX WITH INJECTORS**

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
Syringe Exchange	Syringe Exchange	YES	YES	YES	YES	YES	NO	YES
Deren, Tortu, et al. (1993)	GLI	YES	YES	YES	YES	YES	NO	YES
Schilling, El-Bassel, et al. (1991)	GLI	YES	YES	YES	YES	YES	NO	YES
Eldridge, St. Lawrence, et al. (1997)	GLI	YES	YES	YES	YES	YES	NO	YES
Rhodes, Wolitski, et al. (1992)	GLI	YES	YES	YES	YES	YES	NO	YES
“Community Promise”	CLI	YES	YES	YES	YES	YES	NO	YES
Powers, Penn, et al. ((1990)	Combination	YES	YES	YES	YES	YES	NO	YES
Tross, Abdul-Quader, et al. (1993)	Combination	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

**Priority Population #9: IDU's, PARTICULARLY IN RURAL AREAS, WITH ATTENTION TO NATIVE AMERICANS**

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
<b>HIV Counseling/Testing</b>	<b>HIV Counseling/Testing</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>PCRS</b>	<b>PCRS</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>Syringe Exchange</b>	<b>Syringe Exchange</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>“Community Promise”</b>	<b>CLI</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>Jamner, Wolitski, et al. (1997)</b>	<b>CLI</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>Stephens, Feucht, et al. (1993)</b>	<b>ILI</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>Prevention Case Management</b>	<b>Prevention Case Management</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>

***Goal Three: Community planning ensures that HIV prevention resources target priority populations and interventions set forth in the Comprehensive HIV Prevention Plan.***

**Objective G: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding.**

**Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions.**

## **2007 SPG UPDATE**

The regional system of HIV prevention planning in Washington State requires that Comprehensive HIV Prevention Plans be developed by each of the six RPGs. Each Regional AIDSNET is required to present an allocation plan for 100% of its CDC funds and 50% of its state AIDS Omnibus funds to its respective RPG prior to completion of a Letter of Concurrence/Concurrence with Reservations/Non-concurrence by each RPG. Subsequent to completion of the regional plans, DOH completes a statewide Comprehensive HIV Prevention Plan, and presents its proposed CDC application to the SPG prior to completion of the SPG Letter of Concurrence/Concurrence with Reservations/Non-concurrence. The application to CDC is based on the regional allocations that have been reviewed by and received concurrence from the RPGs.

Attachment E includes all seven Letters of Concurrence/Concurrence with Reservations/Non-concurrence, including those from six of the RPGs and one from the SPG.

## **SUMMARY OF RPG 2007 UPDATES**

In early 2006, the disbanded Region 5 RPG was reconstituted with technical assistance and support from DOH and the SPG. A Region 5 Community Advisory Committee was established to provide input into planning the membership of the reconstituted RPG and to recommend specific people for membership. DOH provided an in-depth orientation on the HIV prevention planning process history and guidance, and provided extensive support throughout the planning year to the reconstituted RPG. The Region 5 AIDSNET contracted with an expert facilitator and applied additional staff resources to the planning process. All these developments have resulted in an effective RPG for the region which succeeded in approving Region 5 Plan Updates for 2006 and 2007, and issuing Letters of Concurrence that planned HIV prevention expenditures by the Region 5 AIDSNET reflect the priorities established in their regional plans. These accomplishments by the RPG and the AIDSNET allowed DOH to release funds that had been restricted in CY 2006.

All other RPGs submitted Letters of Concurrence reflecting their agreement with health department allocation of CDC and state funds as of July 1, 2006, the date that completed regional plans are due for submission to DOH. If allocations are updated by the Regional AIDSNET, and reviewed by the RPG prior to the date DOH submits its 2007 Plan Update to CDC, revised letters will be included in this plan update.

Table 7 below summarizes the opinions of SPG members on the degree to which the objectives of HIV prevention community planning have occurred in the planning process in 2006. Table 8 summarizes the same information from members of all six RPGs. These data are derived from the CDC Community Planning Membership Survey, Part 2.

**TABLE 7: SPG MEMBERSHIP SURVEY RESULTS (PART II)**

<b>OBJECTIVE</b>	<b>AGREE</b>	<b>DIS AGREE</b>	<b>DON'T KNOW</b>	<b>TOTAL</b>	<b>PERCENT AGREE</b>
<i>Objective A: Implement an open recruitment process (outreach, nominations, and selection) for CPG membership. (Responses to 7 Questions)</i>	<b>122</b>	<b>2</b>	<b>9</b>	<b>133</b>	<b>92%</b>
<i>Objective B: Ensure that the CPGs' membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies. (Responses to 10 Questions)</i>	<b>155</b>	<b>20</b>	<b>15</b>	<b>190</b>	<b>82%</b>
<i>Objective C: Foster a community planning process that encourages inclusion and parity among community planning members. (Responses to 6 Questions)</i>	<b>105</b>	<b>7</b>	<b>2</b>	<b>114</b>	<b>92%</b>
<i>Objective D: Carry out a logical, evidence-based process to determine the highest priority, population specific needs in the jurisdiction. (Responses to 15 Questions)</i>	<b>259</b>	<b>3</b>	<b>23</b>	<b>285</b>	<b>91%</b>
<i>Objective E: Ensure that prioritized target populations are based on an epidemiologic profile and a community services assessment. (Responses to 4 Questions)</i>	<b>67</b>	<b>6</b>	<b>3</b>	<b>76</b>	<b>88%</b>
<i>Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended target populations for cultural appropriateness, relevance, and acceptability. (Responses to 4 Questions)</i>	<b>69</b>	<b>4</b>	<b>3</b>	<b>76</b>	<b>91%</b>
<i>Objective G: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding. Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions. (Responses to 2 Questions)</i>	<b>36</b>	<b>0</b>	<b>2</b>	<b>38</b>	<b>95%</b>
<b>TOTALS</b>	<b>813</b>	<b>42</b>	<b>57</b>	<b>912</b>	<b>89%</b>



**TABLE 8: SUMMARY OF RPG MEMBERSHIP SURVEY RESULTS (PART II)**

<b>OBJECTIVE</b>	<b>AGREE</b>	<b>DIS AGREE</b>	<b>DON'T KNOW</b>	<b>TOTAL</b>	<b>PERCENT AGREE</b>
<i>Objective A:</i> Implement an open recruitment process (outreach, nominations, and selection) for CPG membership. <i>(Responses to 7 Questions)</i>	<b>459</b>	<b>17</b>	<b>62</b>	<b>538</b>	<b>85%</b>
<i>Objective B:</i> Ensure that the CPGs' membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies. <i>(Responses to 10 Questions)</i>	<b>579</b>	<b>76</b>	<b>56</b>	<b>711</b>	<b>81%</b>
<i>Objective C:</i> Foster a community planning process that encourages inclusion and parity among community planning members. <i>(Responses to 6 Questions)</i>	<b>529</b>	<b>60</b>	<b>47</b>	<b>636</b>	<b>83%</b>
<i>Objective D:</i> Carry out a logical, evidence-based process to determine the highest priority, population specific needs in the jurisdiction. <i>(Responses to 15 Questions)</i>	<b>714</b>	<b>24</b>	<b>164</b>	<b>902</b>	<b>79%</b>
<i>Objective E:</i> Ensure that prioritized target populations are based on an epidemiologic profile and a community services assessment. <i>(Responses to 4 Questions)</i>	<b>263</b>	<b>12</b>	<b>36</b>	<b>311</b>	<b>85%</b>
<i>Objective F:</i> Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended target populations for cultural appropriateness, relevance, and acceptability. <i>(Responses to 4 Questions)</i>	<b>211</b>	<b>18</b>	<b>20</b>	<b>249</b>	<b>85%</b>
<i>Objective G:</i> Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding. <i>Objective H:</i> Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions. <i>(Responses to 2 Questions)</i>	<b>136</b>	<b>6</b>	<b>16</b>	<b>158</b>	<b>86%</b>
<b>TOTALS</b>	<b>2891</b>	<b>213</b>	<b>401</b>	<b>3505</b>	<b>82%</b>

## **CONCLUSION**

The SPG's multi-year planning schedule has provided a "road map" to the SPG and its committees for accomplishing tasks that are required in order to annually update Washington State's 2005-2008 Comprehensive HIV Prevention Plan, and to prepare for the completion of a new five-year plan. Progress has been made by each committee and has been documented in this 2007 Plan Update. All six RPGs continue to prepare annual plan updates that reflect their efforts to identify the most effective and achievable interventions for each region's priority populations. Region 5, in particular, reconstituted and transformed its RPG into a highly functional and accomplished planning group that is responding to the challenges and exhibiting the teamwork necessary to undertake HIV prevention community planning.

All prevention planning partners in Washington State are aware of potential changes to the CDC HIV Prevention Community Planning Guidance and related directives. While our state has fully embraced the planning process as defined by the current guidance, we will look forward to opportunities to improve our planning efforts in response to new guidance from CDC.

# **APPENDIX A**

## **SPG MEETING MINUTES**

Statewide Community HIV Prevention Planning Group (SPG)  
Thursday, January 26, 2006  
9:05 a.m. – 2:00 p.m.  
**MEETING MINUTES**  
**FINAL**

Members Present	<b>Region 1:</b> Barry Hilt <b>Region 2:</b> Ken Lewis, Wendy Doescher <b>Region 3:</b> Gary Stein, Susie Johnson, Alex Whitehouse <b>Region 4:</b> Kris Nyrop, Dennis Saxman <b>Region 5:</b> <b>Region 6:</b> Suzanne Hidde, David Heal <b>At-Large:</b> Monte Levine, Kathy Lord, Efren Chacon, Mark Aubin, Maria Courogen, Charles Fann, Jimmy Minahan, David Richart, Pamala Sacks-Lawlar
Members Not Present	<b>Region 1:</b> Vanessa Sabb; <b>Region 4:</b> Madeline Brooks, Barb Gamble; <b>Region 5:</b> Lynda Thomas; <b>Region 6:</b> Becky Sanchez; <b>At-Large:</b> Collin Kwan, and Pam Tollefsen
Others Present	Madeline Sanchez, Mary Saffold, Danette Gundy (Region 5), Victoria Pantoja and Victoria Rodriguez (students), Marg Ybana-Vega (Quincy Community Health Center), Stephanie Craig Rushing (NW Portland Area Indian Health Board), Sally Perkins (Practical Solutions), Erin Kahle (PHSKC – Epi)
DOH Staff	Jason Carr, John Peppert, Frank Hayes, Brown McDonald and Harla Eichenberger

<u><b>Agenda Item</b></u>	<u><b>Discussion</b></u>	<u><b>Decision</b></u>	<u><b>Action Required</b></u>
Welcome/ Introductions	<b>Monte Levine welcomed SPG members and guests; self-introductions were given.</b>		
Approval of Agenda	Request for approval of Agenda	Approved with revision	John Peppert to report on NASTAD meeting.
Approval of Minutes	Members were allowed time to review the Draft Minutes of October 27, 2005.	Minutes were approved with corrections.	Correction to be made: Monte Levine and Charles Fann moved from attendance as Region 5 representatives to Others Present.
Staff Updates	<b>Brown McDonald</b> – updated the SPG on two contracts that have been initiated and in the process of executing: 1) The Women of Color Needs Assessment – Desautel Hege		

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p>Communications to complete interviews by the end of April 2006 and 2) the intervention for HIV infected persons incarcerated in Department of Correction facilities who are within six months of release – Pierce County AIDS Foundation was the successful bidder for the contract. The contract will be at Stafford Creek Correctional Facility in Grays Harbor County.</p> <p>Brown distributed a handout for the 2006 HIV Prevention Leadership Summit to be held June 4-7, 2006 in Dallas Texas. Regions are encouraged to identify a couple of people to take advantage of this opportunity to learn more about HIV prevention planning and HIV prevention.</p> <p><b>John Peppert</b> – Reported on the NASTAD meeting. CDC was invited for the final morning and afternoon of the meeting. From this meeting came a variety of recommendations and concerns expressed to CDC leadership. NASTAD recommendations to CDC were: 1) to scale back PEMS, 2) CDC needs to provide more help with DEBIs and adaptations of the DEBI. That training is really not accessible, 3) CDC needs to deemphasize perinatal transmission, 4) planning flexibility and 5) fix the Capacity Building Assistance Program (CBA) as it is not meeting the needs of the states and 6) for many years CDC has been decreasing the funding that support basic core surveillance.</p> <p>Received the 2006 notice of grant award with due date for the Interim Progress Report. Due date of July. DOH has asked CDC to revisit this date. Should have answer within two weeks.</p>		<p>The outcome from this request to revisit the due date for the Interim Progress Report will have an impact on the SPG meeting schedule.</p>
“Partnerships for Health” – Presentation	<b>Frank Hayes</b> – presented a DVD presentation on “Partnerships for Health”. Training materials had been reviewed by committee and are in the process of being printed. Frank will send materials to the fourteen trainers		Frank to provide the website for the “Partnerships for Health”.

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	that have been trained to use this particular intervention throughout Washington State. These materials can also be used by case managers. Discussion followed.		Frank to send out to the SPG the names of those trainers that have been trained.
Committee Meetings	Before the committees meetings, Brown distributed handouts. Committees needed to accomplish today: 1) what the committee wants to accomplish in 2006 and 2) when it will be accomplished. Committees were to incorporate this into the "Committee Work Plans". A Process Committee will be formed and will consist of two representatives from each of the other SPG committees.		Committees to submit "Committee Work Plans" to Brown McDonald.  Any members wanting to change to a different committee are to let Brown McDonald know.  Committees are to identify a couple of committee members to participate on the Process Committee.  Process Committee to meet by conference call in the near future to discuss their work plans.
Project Red Talon Presentation	Lunch presentation - Stephanie Craig Rushing, MPH from Project Red Talon presented to the SPG. The presentation was well received.		
Committee Reports	<p><b>Membership Committee</b> – Efren Chacon – Have a new application - Maddie Sanchez as an At-Large member. There is one SPG membership opening in Region1; one membership opening in Region 2 and three membership openings in Region 5; At-Large members there are 1 or 2 openings.</p> <p><b>EPI Committee</b> – Maria Courogen – Combined meeting with the CSA Committee. In February will be talking about re- characterizing the list of the nine most at risk populations.</p> <p><b>CSA Committee</b> – Suzanne Hidde - Revised the calendar</p>	<p>Membership Committee decided that there would need to be three new members before an orientation would be given; membership approval for Maddie Sanchez as an At-Large member.</p> <p>Representatives for the Process Committee chosen by each committee are:  <b>EPI</b> – Maria Courogen and David Heal (co-chair).  <b>CSA</b> – Wendy Doescher and Barb</p>	

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p>in their Work Plan. Talked about whether the focus for the CRI would be within the system of data collection: 1) those that use the SHARE system, 2) those outside the SHARE system and talked about surveying both to get information and also 3) to look at what's planned for 2008 versus what had been implemented in 2007.</p> <p><b>Effective Interventions Committee</b> – Charles Fann – talked about staying focused on the document “Lessons Learned.” Frank Hayes – Added interventions to the HIV/AIDS Prevention and Education Services website (distributed handout).</p>	<p>Gamble.</p> <p><b>Interventions</b> – Charles Fann and Frank Hayes</p> <p><b>Membership</b> – Brown McDonald and Monte Levine (chair). The Executive Committee is separate from this process.</p>	
Regional Reports	<p><b>Region 1</b> – James Minahan – Election for community co-chair, SPG representation will be on the agenda for the next meeting; needs assessment tool on IDUs; no future RPG meetings until February.</p> <p><b>Region 2</b> – No Report</p> <p><b>Region 3</b> – Alex Whitehouse – First meeting of 2006, revision to 2006 plan; membership committee has been actively recruiting members to the RPG; have at least three prospects for the RPG; have approved a more detailed work plan for themselves next year.</p> <p><b>Region 4</b> – Kris Nyrop – Since the last meeting of the SPG, the RPG has met three times; RPG meetings mostly on care related issues; prevention planning process will kick off in June or July; planning to plan to prioritize in January or February; cultural competency issues the RPG watched “Race, the Power of Elusion,” a three-part series, and in early December, 10 members of the planning council, attended a 2-day workshop on institutionalization racism.</p> <p><b>Region 5</b> – Mary Saffold – Have a new community planning group; had their first orientation a couple of days ago; have deadlines to meet of what wasn't completed in 2005; completing 2006 plan.</p> <p><b>Region 6</b> – David Heal – Planning group met, reviewed 2006 work plan, made adjustments; embarked on a needs assessment for Hispanic people in Region 6 but due to</p>		

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	technical difficulties are now focusing on HIV positive target populations this year as a priority and to review the needs assessment that was done last year; elected new member to the SPG for Region 6, Becky Sanchez, from Aberdeen, Washington.		
Public Input	None		
STD Update	<b>Mark Aubin</b> – Distributed and reported on the January – December 2005 statistical reports on STDs.		
Legislative Update	<b>Maria Courogen</b> – Names Retention - December 2005, two public meetings were held; more public meetings to be held in Seattle on February 22, 2006 and February 24, 2006 in Spokane to this emergency rule for DOH to retain names so that they do not loose funding; language is still being drafted for the permanent rule.		
DASA Update	Pamala Sacks-Lawlar was called away and will provide the SPG with her report at the February 23, 2006 SPG Meeting.		
Assessment Update	<b>Maria Courogen</b> – Medical monitoring; doing interviews; Data for Decision Making Conference held at SeaTac was very successful.		
Announcements, Evaluation	<p>Kris Nyrop – April 2006 the International Harm Reduction Association is having it's annual conference in Vancouver B.C. Register before January 31<sup>st</sup> as the price goes up after that date.</p> <p>Maria Courogen – The International HIV AIDS Conference in Toronto, Canada will be held in August 2006.</p> <p>Evaluations to be completed and turned in to Brown McDonald.</p> <p>Time allowed for guest students attending the SPG meeting with Maddie Sanchez to display what they have been working on. Members of the SPG viewed their work.</p> <p>Meeting end 2:00 p.m.</p>		



Statewide Community HIV Prevention Planning Group (SPG)  
Thursday, February 23, 2006  
9:10a.m. – 2:35 p.m.  
MEETING MINUTES  
FINAL

Members Present	<b>Region 1:</b> Barry Hilt, Suzanne Morrissey, Vanessa Sabb <b>Region 2:</b> Ken Lewis, Wendy Doescher <b>Region 3:</b> Susie Johnson, Alex Whitehouse <b>Region 4:</b> Kris Nyrop, Madeline Brooks <b>Region 5:</b> Jerry Carlin <b>Region 6:</b> Becky Sanchez; <b>At-Large:</b> Monte Levine, Collin Kwan, Mark Aubin, Maria Courogen, Charles Fann, Jimmy Minahan, David Richart, Pam Tollefsen, Pamala Sacks-Lawlar, Madeline Sanchez
Members Not Present	<b>Region 3:</b> Gary Stein, <b>Region 4:</b> Barb Gamble; <b>Region 6:</b> Suzanne Hidde, David Heal; <b>At-Large:</b> Efren Chacon, Kathy Lord
Others Present	Mary Saffold, Mary Lou Briceno (Region 2), Susan Kingston (PHSKC)
DOH Staff	Jason Carr, John Peppert, Brown McDonald and Harla Eichenberger

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
Welcome/ Introductions	<b>Monte Levine welcomed SPG members and guests; self-introductions were given.</b>		
Approval of Agenda	Request for approval of Agenda	Approved as presented	
Approval of Minutes	Members were allowed time to review the Draft Minutes of January 26, 2006.	Minutes were approved with one correction.	Correction to be made: Monte Levine from attendance as Region 5 representative to At Large
Staff Updates	<b>Brown McDonald</b> – Distributed and reviewed the new procedure for scheduling Overnight Accommodations for SPG Meetings. <b>John Peppert</b> discussed the Interim Progress Report. Regional Plans will be due to the Department of Health by July 1. The Progress Report is due to the Center for Disease Control and Prevention (CDC) September 1st. CDC is rescinding some		July 1, 2006 Regions to have their regional plans to DOH.  Interim Progress Report due to CDC September 1, 2006

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	funding to the grant award of 2006. Thus far, only 25% of the grant award has been received.		
CDC Membership Survey Part 1	Brown McDonald – Distributed and provided guidance to the members of the SPG on completing the CDC Community Planning Membership Survey - Part 1. Time was allowed for completion.		
"I AM" Membership Survey	Members of the SPG completed the "I AM" Membership Survey to document which populations most at risk are currently represented on the SPG.		Returned to Brown McDonald.
Conflict of Interest Forms	Members of the SPG completed the Conflict of Interest Forms.		Returned to Brown McDonald.
SPG Meeting Schedule	<b>Monte Levine</b> – Led a discussion for the need of having a March and May 2006 full SPG Meeting or if Committees could do business by conference calls and/or by small meetings of committees.	Committees to discuss their scheduling needs for 2006 during Committee Meetings.	Decide on the necessity of having the March and May 2006 full SPG Meeting.
Committee Meetings	Brown McDonald distributed copies of the SPG Committee Work Plans, noting some changes, prior to the committees convening for committee meetings.	During Committee meetings, committees were to discuss the need for conference calls or face-to-face meetings in March or May. If necessary, the SPG Meeting schedule will be altered.	
Regional Reports	<p><b>Region 1</b> – Barry Hilt – Introduced Suzanne Morrissey as a Region 1 member to the SPG and a possible candidate for the Regional Community Co-Chair; the region has finalized the survey instrument for drug use and is now before the DOH Review Committee; the region membership committee is trying to fill memberships.</p> <p><b>Region 2</b> – Ken Lewis – There was no meeting of the region.</p> <p><b>Region 3</b> – Alex Whitehouse – region meeting had been cancelled; the region is focusing on memberships and trying to fill a position with someone from San Juan Island; two possible candidates.</p> <p><b>Region 4</b> – Kris Nyrop &amp; David Richart – RPG meeting mostly focused on care related issues; needs assessment for</p>		

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p>prevention - internet MSM was chosen; the region requested that DOH amend the contract with Desautel Hege to include King County in Women of Color needs assessment at no cost to Region 4; Region 4 needs a behavioral scientist and the region has filled a membership gap in youth representation.</p> <p><b>Region 5</b> – Mary Saffold – Have a new community co-chair, Jerry Carlin; region met yesterday and approved the 2006 Plan Update. Next step is decision on Letter of Concurrence.</p> <p><b>Region 6</b> – Becky Sanchez – the region has gaps in membership and is seeking membership from the Department of Corrections; focus groups are working on getting needed youth and IDU representation and have three potential members; Becky Sanchez will be interviewing 10-15 HIV infected inmates starting in March and working with the Pierce County AIDS Foundation Prevention Case Management at Stafford Creek Correctional facility.</p>		
Standing Reports	<b>DASA – Pamala Sacks-Lawlar</b> –SAMHSA gave rapid test training to Neighborhood House and POCAAN and SAMHSA may provide another training for chemical dependency organizations, specifically minority; reported on the Access to Recovery program.		Pamala Sacks-Lawlar to send SPG an e-mail regarding the training at Seattle Pacific University July 6, 7 and 8, 2006.
Lunch and Presentation on Crystal Meth Use Among MSM	<b>Susan Kingston</b> , Educator Consultant at PHSKC provided an informative presentation on Crystal Meth use among MSM. Discussion followed.		Brown McDonald to e-mail SPG Members the website providing more information on Crystal Meth.
Committee Reports	<p><b>CSA Committee</b> – Jason Carr – CRI instrument revision on hold until the EPI Committee makes the decision on populations before piloting the CRI project; talked about taking on the responsibilities of guidance in choosing populations; suggested that the Epi Committee help guide the Needs Assessment process as that committee had done so in the past; talked about developing a methodology for Needs Assessment. Jason will be collecting needed information from the Regional AIDSNET Coordinators regarding needs assessments currently being done regionally or are regionally being planned.</p> <p><b>EPI Committee</b> – Maria Courogen – Spent time discussing the list of most at-risk populations to see if they could recharacterize</p>	There will be a conference call	Epi Committee will present

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p>the populations and the challenge of going through our prioritization process and that the information collected can be applied through SHARE.</p> <p><b>Effective Interventions Committee</b> – Maddie Sanchez – Working on getting their survey set up for the “Lessons Learned” document that they want to get out; working with Jason Carr to develop the survey and they are hoping to get a rough draft by the April 27, 2006 SPG Meeting. Jason Carr is in the process of revising their goals in order to have a useful product.</p> <p><b>Membership Committee</b> – Monte Levine – There will be a New Member Orientation Meeting right after the April SPG Meeting. Request that regional groups try to fill their representation to the SPG before the April meeting. Currently there is one opening for an at-large member. The gaps in our membership will be known today with the completion of the “I Am” Survey. New members currently are: Suzanne Morrissey, Becky Sanchez, Mary Lou Briceno and Jerry Carlin.</p> <p><b>Process Committee</b> – James Minahan – conference call held on February 14, 2006, handout of minutes to that conference call, including steps in developing a Gap Analysis, were distributed and read; the committee unanimously agreed that the method outlined is the method they wanted to use; discussed “scale and significance” and the limitations of data and the need to work with what they have as an estimate. <b>Brown McDonald</b> – This is a significant and different approach to doing a “gap analysis” than what was utilized the last time. It will be numbers driven to identify the gaps in populations not being reached. Discussion followed.</p>	<p>in March to talk about the most at-risk populations.</p> <p>There will be a conference call in March to firm up the time of the Orientation.</p>	<p>the results of the March conference call to the SPG at the April 27, 2006 SPG Meeting.</p> <p>The New Member Orientation will be April 27, 2006 from 3:00 p.m. – 5:00 p.m.</p> <p>DOH to check flight schedules in order to accommodate the Orientation.</p>
OSPI Update	<b>Pam Tollefsen</b> – OSPI received a CDC recall notice for reductions in funds. The cut is 2-1/2% beginning March 1, 2006. OSPI is contracting with Seattle schools as they have the expertise to address specific populations that OSPI finds difficult to reach with their own program.		
STD Update	<b>Mark Aubin</b> – STD also received a CDC recall notice for reductions in funds. The cut in funds will be up to 2%. This		

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	legislative session, a lobbyist for planned parenthood has been working with the legislature and from this there will be a budget increase to state spending of \$200,000 for STD's and will either be added to the in study prevention project or the family planning program for their STD program. The State STD Office is going through staff changes: Bonnie Nickle and Jack Berkley are retiring from state service. Distributed was the most recent data provided by CDC (2004) for Syphilis in Washington State and King County.		
Legislative Update and Assessment Update	<b>Maria Courogen</b> – The State Board of Health Emergency Rule meeting will be held March 8, 2006; the Permanent Rule meeting is scheduled for June 2006; the next public meeting is to be held in Spokane on February 24, 2006. There was a legislative proposal this session to have state monies come to the Department of Health to provide better reporting of Hepatitis.		
Announcements, Evaluation	Brown McDonald – Requested that members of the SPG think about the three questions listed in the action required column prior to the April 27, 2006 SPG Meeting:  Meeting end 2:35 p.m.		Three questions the SPG are to think about for the April 27, 2006 SPG Meeting:  <ol style="list-style-type: none"> <li>1. How are the SPG Meetings working for you?</li> <li>2. Are the Committee Meetings effective?</li> <li>3. What changes should we make for the way the SPG Meetings are run?</li> </ol>

# Statewide Community HIV Prevention Planning Group (SPG)

Thursday, April 27, 2006

9:00 a.m. – 2:25 p.m.

## MEETING MINUTES

FINAL

Members Present	<b>Region 1:</b> Barry Hilt, Suzanne Morrissey, Vanessa Sabb <b>Region 2:</b> Debra Adams, Wendy Doescher, Mary Lou Briceno <b>Region 3:</b> Alex Whitehouse <b>Region 4:</b> Kris Nyrop, Madeline Brooks, Barb Gamble <b>Region 5:</b> Jerry Carlin <b>Region 6:</b> Becky Sanchez <b>At-Large:</b> Monte Levine, Collin Kwan, Mark Aubin, Maria Courogen, Charles Fann, Jimmy Minahan, David Richart, Madeline Sanchez
Members Not Present	<b>Region 3:</b> Susie Johnson; <b>Region 6:</b> Suzanne Hidde, David Heal; <b>At-Large:</b> Efren Chacon, Kathy Lord, Pamala Sacks-Lawlar, Pam Tollefsen
Others Present	Mary Saffold, Roberta Wilson (volunteer for TPCHD), Brenda Newell (Snohomish HD), Lori McClain (Grant County HD) and Brian White, California STD/HIV Prevention Training Center, based in Seattle
DOH Staff	Jason Carr, John Peppert (Acting DOH Co-Chair), Brown McDonald, Frank Hayes and Harla Eichenberger

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
Welcome/ Introductions	<b>Monte Levine welcomed SPG members and guests; self-introductions were given.</b>		
Approval of Agenda	Request for approval of Agenda. John Peppert - change of today's meeting from 9:00 a.m. to 9:15 a.m. and a request for a brief amount of time during Staff Updates.	Approved with change to the time the meeting started to 9:15 a.m. and allowance to allot time during Staff Updates for John Peppert to speak to the SPG.	
Approval of Minutes	Members were allowed time to review the Draft Minutes of February 23, 2006.	Minutes were approved with three corrections.	Correction to be made: two errors - spelling, wrong word used and Region 4 Regional Report – needs assessment for prevention was internet MSM and not crystal meth using MSM.
Staff Updates	<b>Brown McDonald</b> – Distributed the Big Book to new		July 1, 2006 Regions to

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p>members of the SPG. Update: DOH has contracted with Pierce County AIDS Foundation to implement an HIV prevention intervention at Stafford Creek Correctional facility for HIV positives nearing release into the community. This was one of the projects funded using set-aside dollars; reminder to the SPG and those interested of the HPLS Conference June 4-6, in Dallas TX. Those members stating that they would be attending are: Jerry Carlin, Kris Nyrop, Vanessa Sabb, Monte Levine, Brown McDonald and Claudia Catastini.</p> <p><b>John Peppert</b> – On behalf of National Volunteer Week, thanked the SPG on behalf of the Department of Health for their willingness to volunteer as members to the SPG.</p> <p><b>Monte Levine</b> – Distributed the SPG meeting evaluations early as very few evaluations were turned in at the February meeting.</p>		<p>have their regional plans to DOH.</p> <p>Interim Progress Report due to CDC on or about September 1, 2006.</p>
CDC Membership Survey Part 1	<b>Brown McDonald</b> – Distributed and provided guidance to the members of the SPG on completing the CDC Community Planning Membership Survey - Part 1. Time was allowed for completion.		Completed and returned to Brown McDonald.
"I AM" Membership Survey	Members of the SPG completed the "I AM" Membership Survey to document which populations most at risk are currently represented on the SPG.		Completed and returned to Brown McDonald.
Conflict of Interest Forms	Members of the SPG completed the Conflict of Interest Forms.		Completed and returned to Brown McDonald.
Assessment of how the SPG meetings are working for you	<p><b>Brown McDonald</b> – Three questions to stimulate discussion: 1) How are the SPG Meetings working for you? 2) Are the Committee Meetings effective? and 3) What changes should we make to the way SPG Meetings are run?</p> <p>Committee meeting times were discussed. It was suggested that the committees meet at an earlier time (9:00 a.m.) and the SPG Meeting start at 10:00 a.m. so that reporting happens during the SPG Meeting.</p>	<p>The Executive Committee will do a trial run before the June SPG Meeting and will call committees to find out how much time they think they will need for meeting prior to the full SPG Meeting.</p> <p>Agreed to move up Reports to an earlier time; be prepared with enough handouts for everyone; additional time should be requested ahead of</p>	<p>Committees to meet prior to the full SPG Meeting.</p> <p>The Executive Committee to call on each Committee prior to the SPG Meeting scheduled for June 22nd to verify approximate time needed for each Committee to meet.</p>

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p><b>John Peppert</b> – suggested that prior to the SPG Meeting, the Executive Committee could ask each committee how much time they thought they would need for their committee to meet.</p> <p><b>Maria Courogen</b> – Would like to see committee members as the driving force as taking the lead of committees as the “Chair” for the committee. Too often the responsibilities fall on DOH staff and felt that the responsibilities for managing the committee meetings should be shared.</p> <p>It was suggested that at each SPG Meeting, 5 minutes be allowed to complete the meeting evaluations.</p> <p><b>Wendy Doescher</b> - Regarding Regional Reports – Regions do not always have a lot to report on for the SPG Meetings. Welcomed members to attend Regional Meetings to find out what is happening in that region.</p> <p>Discussion around standing reports – it's important for those giving the reports to come well prepared; if reports are to be long, let DOH staff know the report will be long and submit report in writing; come with enough handouts and also noted was that necessary time be allowed for questions. Could structure a presentation on issues reported if lengthy.</p>	<p>time if report is lengthy; can structure a presentation if needed on issues reported.</p> <p>Executive Committee to find out the time needs for the standing reports by DASA, OSPI and STD, etc.</p> <p><b>John Peppert</b> – suggested that we get back to having icebreakers with the introductions as part of the meeting again.</p>	<p>The Membership Committee to take this project on.</p>
Committee Review Process	<p><b>Brown McDonald</b> – Described past years regarding the Regional Plan Review Committee process. As part of the responsibilities of the SPG is the review of each of the Regional HIV Prevention Plan/Plan Updates making sure that each is complete before they are incorporated into the Statewide Plan and that any unmet needs or gaps in regional plans have been identified. In past years, the same committee of SPG members: Barb Gamble, David Heal, Wendy Doescher, Jimmy Minahan, Vanessa Sabb and Susie Johnson and former members from Region 5 and Region 2. These members were thanked for</p>	<p>Monte Levine and Region 2 member Debra Adams were added to the Regional Plan Review Committee.</p> <p>Extra future participants that will be trained to take part on the Regional Plan Review Committee are: Madeline Brooks (Region 4), Jerry Carlin (Region 5), Suzanne Morrissey (Region 1) and Mary Lou Briceno (Region 2).</p>	<p>Brown McDonald to request volunteers from the other two regions (Region 3 and Region 6).</p>



<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	critiquing other Regional plans other than their own. Currently members are needed from Region 5 and Region 2. Extra members will need to be trained for future participation on the Regional Plan Review Committee. Monte Levine encouraged new members to participate.		
Committee Meetings	Committees met from 10:25 a.m. – Noon Before the Lunch presentation, Monte Levine acknowledged Administrative Assistants Day by presenting Harla Eichenberger, DOH support to the SPG, a card signed by members of the SPG. Thank you all for thoughtfulness – What a great group!!		
A Health Department/Jail Collaboration for HIV Prevention Presentation	<b>Maddie Sanchez and Lori McClain – Lunch presentation</b> - Talked about group sessions in the jails. Intervention “Let’s Chat” a series of 4 sessions, each 90 minutes. Additions were added to the group sessions: men and women’s health issues, STDs, TB, Hep. Participants made their own rules; talked about risk behaviors; clarifying HIV; created a group of risk triggers and their own ways to prevent triggers; participated in role plays for session on Counseling and Testing. The inmates wanted and received a certificate stating that they went through the Grant County HIV Prevention Training. The presentation was very well received.		Maddie Sanchez will get the intervention to Brown McDonald. Brown to send out to the SPG.
Committee Reports	<b>Epi and CSA Committees</b> – Maria Courogen – reviewed the report to the full SPG from the EPI/Population Profile Committee and Notes from Epi Committee Meeting on 2/24/06 sent out with the April 27, 2006 agenda and attached materials; distributed the SPG Statewide Prioritized Populations Table (Year 2004 with side-by-side DRAFT of Priority Populations Year 2007 and their ranking). No new decisions were made about priorities, only new language based on insight and only to re-characterize the way the priorities are described.  <b>Membership Committee</b> – Collin Kwan – The orientation of new members will be held right after today’s SPG Meeting. Other members of the SPG may attend. There is still a need for Black MSM at-large members. Regions	Consensus was given by the SPG to accept the 2007 SPG Priority Populations update.	Brown McDonald will incorporate the 2007 priority populations, as accepted by the SPG, into the 2007 Update.

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p>are encouraged to recruit.</p> <p><b>Intervention Committee</b> – Charles Fann – Committee is still working on “Lesson Learned”. Based on information gathered during the last SPG meeting and feedback received in e-mails from committee members, Jason Carr presented his ideas about the “Lessons Learned” project. The committee is looking at sending out a questionnaire to service providers for the purpose of gathering information. Also discussed having a link on the DOH website for interested persons to get contact information for agencies conducting interventions. Hopefully, the committee will have a firm timeline by the next meeting for completion of the “Lessons Learned”.</p>		
Regional Reports	<p><b>Region 4</b> – Madeline Brooks – Care prioritization. David Richart – Steering Committee for prevention is a month away.</p> <p><b>Region 3</b> – Alex Whitehouse – Work almost completed for the year for writing the plan; committees are putting in their input to report; women/IDU Survey completed end of this month; AIDSNET Service Plan; last meeting – Lummi Indian Nation Assessment; on September 12<sup>th</sup> Region 3 will host the GACHA Meeting and are hoping to meet on the Lummi Reservation.</p> <p><b>Region 2</b> – Wendy Doescher – History of new members Debra Adams and Mary Lou Briceno in HIV prevention; last prevention planning meeting was last Wednesday going over all the effective interventions; will come up with a list of effective interventions for Region 2 as part of their new plan; been a slow year; minimal dollars; trying to write a regional grant for support services for IDUs, those that are infected, have substance abuse and having health issues and are patterning the grant after one that Pam Sacks-Lawlar already has.</p> <p><b>Region 5</b> – Jerry Carlin – Decision and completion of their Letter of Concurrence; beginning to take ownership separate from the health department; huge learning curve.</p> <p><b>Region 6</b> – Becky Sanchez – Clark County is responding</p>		

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p>to the Norwalk Virus; Region 6 has included a Partnership for Health training with the Vancouver office case managers. Plan on training Mason and Grays Harbor County case managers; May will be orientation of new members; working on priority populations; Grays Harbor needle exchange is happening on the Sholwater Bay Reservation.</p> <p><b>Region 1</b> –Suzanne Morrissey – CSA Needs Assessment Survey – Drug population. Sunday will complete distributing the survey. Spokane had the greater number of people that completed the survey; in the process of finding a new contractor for their internal, regional evaluation; Steve Neumiller who has worked for Region 1 for eleven years, is stepping down; PEMS training in Spokane last week. Claudia Catastini and Leslie Pringle from the Department of Health were the trainers. Barry Hilt - subcommittee reworking their bi-laws; next meeting June 21<sup>st</sup>; Letter of Concurrence/Non Concurrence.</p> <p><b>Kris Nyrop</b> - requested an updated list of needle exchange programs.</p>		<p>Frank Hayes to work on providing an updated list of Needle Exchange Programs, contacts and their hours to Kris Nyrop.</p>
Public Input	<p><b>Brian White</b> – Behavioral Trainer – Trainings on May 24 (in English) and May 25 (in Spanish) on self disclosure. There is a need for 10 more participants for the Spanish training. Registration is on line. Bridging Theory and Practice training will be in Seattle in early September.</p>		<p>Register for this training on line.</p>
Standing Reports	<p><b>SBOH – John Peppert</b> – May 10<sup>th</sup> the SBOH will receive a briefing from both John Peppert and Maria Courogen regarding the proposed Rule Retention on Asymptomatic Names Reporting.</p> <p><b>GACHA – John Peppert</b> – GACHA is exploring HIV in prisons, intake/outtake need for prevention materials to be made available.</p>		<p>SBOH Meeting regarding Rules Retention on Asymptomatic Names Reporting on May 10, 2006 in Kennewick, Washington.</p>

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<b>Assessment Update – Maria Courogen</b> – doing a medical monitoring project. Special thanks to Region 2 Debra Adams and Mary Lou Briceno for their work with the Spanish population; Maria Courogen will be in Alaska next week at the conference on native peoples of North America “Embracing Our Traditions, Values and Teachings”.		Maria Courogen will have the results from the “Embracing Our Traditions, Values and Teachings” for a future SPG Meeting.
STD Update	<b>Mark Aubin</b> – Distributed the Washington State 2005 Sexually Transmitted Disease Morbidity and answered questions from members of the SPG.		
DASA and OSPI Update	Not present for Update.		
Announcements, Evaluation	Remember “Dine out for Life” tonight, April 27, 2006. Susanne Hidde, Region 6 is still in Africa Maria Courogen will not be able to attend the June or July 2006 SPG Meetings, she will be in Greece.  Meeting end 2:25 p.m.		

Statewide Community HIV Prevention Planning Group (SPG)  
Thursday, June 22, 2006, 9:00 a.m. – 2:35 p.m.  
**MEETING MINUTES**  
**FINAL**

Members Present	<b>Region 1:</b> Barry Hilt, Suzanne Morrissey, Vanessa Sabb <b>Region 3:</b> Alex Whitehouse (alternate) <b>Region 5:</b> Jerry Carlin <b>At-Large:</b> John Peppert, Monte Levine, Mark Aubin, Charles Fann, Jimmy Minahan, Madeline Sanchez	<b>Region 2:</b> Debra Adams, Mary Lou Briceno, Wendy Doescher <b>Region 4:</b> Kris Nyrop, Madeline Brooks, Barb Gamble <b>Region 6:</b> Becky Sanchez; David Heal; Suzanne Hidde
Members Excused	<b>Region 3:</b> Susie Johnson, <b>Region 6:</b> Suzanne Hidde, David Heal; <b>At-Large:</b> Efren Chacon, Kathy Lord, Collin Kwan, Pam Tollefsen, Pamela Sacks-Lawlar, Maria Courogen, David Richart	
Others Present	Mary Saffold, Steele Desmarais, Marina Gonzales; Adriana Gonzales (Students)	
DOH Staff	Frank Hayes, Claudia Catastini, Jason Carr, Brown McDonald	

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
Welcome/ Introductions	<b>Monte asked everyone to introduce themselves by telling the group “What did your parents want you to BE?”</b>		
Approval of Agenda	Approved with the addition of a Moment of Silence to honor the memory of Nancy Hall, who passed away three years ago this month.		
Approval of Minutes	The minutes were approved with several minor corrections.		
Staff Updates	150 completed surveys have been submitted to DOH by Desautel Hege Communications for the Women of Color Needs Assessment. The survey results will be analyzed by DOH and submitted to the CSA committee. John Peppert reported that Greg Smith, our CDC Project Officer, will attend the July SPG Meeting.		Any questions you would like Greg to address should be submitted to Brown by the end of June.
Committee Reports	<b>Note: All committees met prior to the 10:30 start of the full SPG meeting. All committees reported satisfaction with this new arrangement and plan to start their meetings at 9:00 AM in July as well.</b> Membership Committee is in neutral right now given that all at large positions are currently full and all new members have participated in a recent orientation. <b>The CSA and Epi Committees met jointly today and made progress towards identifying the next priority population to conduct a needs assessment for. Jason reviewed information on</b>		

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p><b>late vs. early testing and diagnosis and conclusions that have been drawn from these data. The committee will decide on the next needs assessment population at its July meeting.</b></p> <p><b>The Effective Interventions Committee is working on a 2<sup>nd</sup> draft of its “Lessons Learned” survey. Frank distributed “Evidenced-based HIV Behavioral Interventions in the US Identified through a Systematic Review” which describes the procedures CDC goes through to find best evidence interventions.</b></p>		
Regional Reports	<p><b>Region 3 (Alex)</b> Plan completed except the Membership Survey Part II Women IDU survey is complete. Colorado State U Survey of Lummi Tribe is complete and the results will be presented to GACHA.</p> <p><b>Region 5 (Jerry)</b> Plan complete. The CPG voted to provide a Letter of Concurrence. Talked about the presentations which had been conducted for the CPG. Mentioned they are in the process of planning for their retreat. Discussed work being conducted by committees which have been formed.</p> <p><b>Region 1 (Suzanne)</b> Discussed the RPG had a full meeting yesterday. Bylaws were approved, with one exception. Plan discussed and the RPG voted to provide a Letter of Concurrence. The IDU needs assessment is completed. There were approximately 400 survey completed. Okanogan has a syringe exchange. Discussed testing at the Colville reservation confinement facility.</p> <p><b>Region 4 (Kris &amp; Barbara)</b> Finished the care prioritization process; there will be a vote in July. HRSA reauthorization could result in a substantial reduction of Ryan White Title 1 funds. Prevention priorities steering committee will start to meet soon. Conducting a needs assessment for internet using MSM.</p> <p><b>Region 6 (David)</b> Plan update approved and the RPG voted to provide a Letter of Concurrence. David suggested that at a subsequent meeting, that Suzanne provide information concerning her trip to Africa.</p> <p><b>Region 2 (Wendy)</b> Plan completed and the planning group voted to provide a Letter of Concurrence. Discussion with smaller counties around interventions and possibly doing something different due to reduced funding. Not starting rapid testing due to the increased temperature (controls are costly). Holding out for the new generation of rapid test. The Region did not complete the SAMSA grant application. They could not get the drug treatments on board. They will try again when the announcement is released next year. They also plan to talk with Pam Sacks-Lawlar.</p>		

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
Standing Reports	STD (Mark) <b>distributed information on HPV Vaccine and web-based Partner Notification programs. Suggested a presentation by Charles, and others, on “PowerOn”.</b> Legislative (John) <b>reported on changes to the WAC concerning retention of names in the HIV reporting system and proposed legislative decision packages for funding for HCV testing and to restore lost STD funding.</b>		
HPLS Reports	Jerry, Suzanne; David; Alex; Brown; Kris; and Jason provided reports on the <b>HPLS</b> sessions they attended as well as general comments about the event.		
Lunch and Presentation	<b>Claudia Catastini and Steel Desmarais, with help from Mark Aubin, provided an “Overview of Partner Counseling and Referral Services (PCRS)” for the SPG.</b>		
Moment of Silence	The SPG observed a Moment of Silence to honor the memory of Nancy Hall, who passed away three years ago this month.		
Adjournment	The meeting adjourned at 2:35 PM.		

Statewide Community HIV Prevention Planning Group (SPG)  
Thursday, July 27, 2006  
9:00 a.m. – 2:15 p.m.  
MEETING MINUTES  
FINAL

Members Present	<b>Region 1:</b> Suzanne Morrissey <b>Region 2:</b> Mary Lou Briceno <b>Region 3:</b> Alex Whitehouse, Susie Johnson <b>Region 4:</b> Madeline Brooks, Barb Gamble <b>Region 5:</b> Jerry Carlin <b>Region 6:</b> Becky Sanchez, David Heal <b>At-Large:</b> Monte Levine, Pamala Sacks-Lawlar, Collin Kwan, Maria Courogen, Charles Fann, Jimmy Minahan, Madeline Sanchez, John Peppert
Members Not Present	<b>Region 1:</b> Barry Hilt, Vanessa Sabb; <b>Region 2:</b> Debra Adams, Wendy Doescher; <b>Region 4:</b> Kris Nyrop; <b>Region 6:</b> Suzanne Hidde; <b>At-Large:</b> Efren Chacon, Pam Tollefsen, Mark Aubin, David Richart
Others Present	Mary Saffold (TPCHD), Jesse Chipps (Seattle HIV/AIDS Planning Council) and Greg Smith (CDC Project Officer)
DOH Staff	Jason Carr, Brown McDonald, Frank Hayes and Harla Eichenberger

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
Welcome/ Introductions	<b>Monte Levine welcomed SPG members and guests; self-introductions were given. Icebreaker question with each introduction - “are you a process person or a product person?” Monte asked that the SPG be thinking about the nomination of a community vice-chair to be held at the August 24, 2006 SPG Meeting and read what the position consists of. Introduction of Greg Smith, Centers for Disease Control and Prevention Project Officer.</b>		
Approval of Agenda	John Peppert - Request for approval of Agenda.	Agenda approved as written	
Approval of Minutes	Monte Levine - Members were allowed time to review the Draft Minutes of June 22, 2006.	Minutes were approved with one correction.	Correction: Barb Gamble's name appeared twice and was present, delete name from not present.
Staff Updates	<b>Brown McDonald</b> – of possible interest, a Conference to be held at the Evergreen College, in Olympia “Drawing Water From a Deeper Well”, a national conference for professional excellence, sexuality, educational training. <b>Frank Hayes</b> – distributed a booklet of information in regards to		Website for Conference: <a href="http://www.deeperwellconference.com">www.deeperwellconference.com</a>



<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p>capacity building and community planning and how to get the Latino population involved. The booklet is both in English and Spanish. Useful in getting the Latino population involved in community planning. Brown provided an overview of what today's meeting and the August meeting of the SPG would need to accomplish to complete the process of the IPR that is due to the CDC on September 15, 2006: the draft of the 2007 Plan Update will be looked at today and members will give their input and any modifications to the Plan will be made as requested by the SPG. At the August 22, 2006 SPG meeting, the SPG will review the sections of the application to the CDC that describe the allocation of resources to address priorities established in the Plan Update and subsequent to that, the decision whether to execute a letter of concurrence, non-concurrence or concurrence with reservation will be needed that the application reflects the priorities of the Plan. The last task will be to complete the CDC Membership Survey II that evaluates the planning process according to the goals, objectives and the attributes of prevention planning. We will have time for the committee meetings in August and it will be the best opportunity to have nominations for the position of vice-chair to the SPG. Barb Gamble asked for guidance regarding completion of the annual Membership Survey Part II and expressed the difficulty their planning group had in completing it in an interim year.</p> <p>Three members of the SPG have been in the hospital over the last few weeks and Get Well cards were distributed and signed for Vanessa Sabb, Debra Adams and Wendy Doescher.</p> <p>Frank Hayes – October 11-12, 2006, the California STD Prevention Training Center is going to present "Bridging Theory and Practice" in Seattle. To sign up, contact your regional coordinator for more information.</p>		<p>Brown to send link to SPG members</p> <p>The DOH and the AIDSNET coordinators probably need to take a look at how the planning process went last year and what if any changes need to occur in the future.</p>
Committee Reports	<p><b>Membership Committee</b> – Monte Levine – one resignation to the SPG, Kathy Lord; one at-large membership position open. There is still a gap needing a representative African American MSM at-large member. Regions are encouraged to recruit.</p> <p><b>Intervention Committee</b> – Charles Fann –Committee agreed on the draft CBO/LJH Intervention Survey.</p>		<p>Frank Hayes to e-mail the documents mentioned at the SPG meeting today that the Effective Interventions and Strategies Committee thought might be of interest to the SPG.</p> <p>Intervention Committee to</p>

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p><b>CSA and Epi Committees</b> – Barb Gamble – Combined meeting of the two committees. The last two meeting have been discussions around the Priority Population Needs Assessment and made a decision that in 2007, the Needs Assessment will be conducted with Latino MSM who may also have sex with women. In 2008, will defer the decision about which population but would like to consider MSM/IDU or looking at the data Jason Carr provided at the last meeting relating to the late access to testing and care outside of King County.</p> <p>Discussion followed around the roles, responsibilities and decision making responsibilities of the SPG committees.</p>	<p>The Executive Committee - to clarify the roles, procedures and decision making policies of committees in writing along with incorporating the opportunity for questions from the SPG. When final, incorporate in the SPG Policies and Procedures Manual.</p>	<p>provide the SPG with copies of the Draft CBO/LHJ Intervention Survey at the August 24, 2006 SPG Meeting for discussion.</p> <p>SPG asked that the Executive Committee come up with written policy and procedures for SPG committees.</p>
Regional Reports	<p><b>Region 6</b> – David Heal - No regional report, on vacation.</p> <p><b>Region 5</b> – Jerry Carlin – Executive Committee nominations to fill new membership; discussions held around policy and procedures; the first full CPG meeting will be held on August 8, 2006.</p> <p><b>Region 4</b> – Barb Gamble – involved with care issues; looking at the prioritization process; and the internet data collection has started around comparisons with behaviors and internet usage; currently negotiating with an organization to implement “Many Men, Many Voices”. Seattle Black Pride is the organization that they are in negotiations with; prevention allocation that was supposed to have been presented at the last meeting</p>		

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	<p>and will present at the August 14<sup>th</sup> meeting with the letter of consensus to follow.</p> <p><b>Region 3</b> – Susie Johnson – Work completed on the comprehensive plan; completed a women IDU survey; focusing on membership recruitment.</p> <p><b>Region 2</b> – Mary Lou Briceno – Comprehensive plan approved; consensus given to the plan; no major changes; Essential trainings are going on.</p> <p><b>Region 1</b> – Suzanne Morrissey – Letter of concurrence given; Maddie Sanchez to present a “Lets Chat” at the penitentiary in Walla Walla in August.</p>		
Region Plan Review Report	<p>Monte Levine – Met by telephone conference call; concerns that the Review Committee did not receive the instructions that the AIDSNETs received; an issue around “Gaps” as not well defined and will be worded differently in the future; the CPG membership survey part 2, Table 6 came back from all the regions; Brown McDonald stated that the attributes are listed in the “Guidance”.</p>	<p>Region review sheet results to be shared with the SPG.</p>	<p>Brown will email the Regional Plan Update Review results to the SPG membership.</p>
Standing Reports	<p><b>DASA</b> – Pamala Sacks-Lawlar – Advisory Group recommended use of health navigators; DASA created a tool kit to help medical providers help address issues with their clients; 2006 Pacific Rim Meth Summit to be held September 21-22, 2006 at the Microsoft Conference Center, Microsoft Corporation Main Campus, Redmond, Washington. John Peppert – stated that the new federal legislation around documentation of citizenship is starting to have negative impact on family planning and STD services and asked if it was impacting DASA’s programs. Pam stated that it was impacting their program also.</p> <p><b>Legislative Update</b> – John Peppert – the Department of Health continues to go through the process of prioritizing what new funding requests will be for September 1, 2006 to go to the Governor. DOH has two related programs: 1) Hep C has some funding for public information campaigns but no funding for Hep C testing but will have a package likely to go forward requesting funding in order to do Hep C testing and 2) Another package will be to provide DOH with some additional funding for Chlamydia and Gonorrhea testing.</p> <p>Earlier this week there was a conference call with GACHA. Jeannie Darneille – expressed interest in looking at prevention funding.</p> <p><b>Assessment Unit</b> – Maria Courogen – DOH employee Mark Charonis is retiring from the Assessment Unit. Have hired Tom Jaenicke. Tom will start in early August.</p>		<p>Per Pamala Sacks-Lawlar’s request, Harla to send with the next SPG mailing: NACO News Release, July 18, 2006 and info on the 2006 Pacific Rim Meth Summit 9/21-22/06 flyer.</p>
HPLS	<p>Monte Levine - Orientation at the HPLS – not very well attended; HPLS</p>		

<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision</u>	<u>Action Required</u>
	revolved mainly on "How We Get Product".		
	<p>Susie Johnson requested that the SPG consider the possibility of her giving a presentation on "Disaster Awareness" requiring about 45 minutes at one of the upcoming SPG meetings.</p> <p>Becky Sanchez attended the National Conference on Latinos in Miami Florida.</p> <p>Monte Levine distributed the July 27, 2006 Evaluations to be completed by members of the SPG.</p>		Becky Sanchez to provide copies of the data summaries she received while attending the National Conference on Latinos in Miami Florida to the SPG at the next meeting of the SPG
CDC Report	Greg Smith, federal project officer from CDC, talked to the SPG. All states are moving towards using the DEBI's; Community Planning Guide – make sure we follow all the attributes in the Planning Guidance as we are doing now; technical assistance – CDC responding to requests for technical assistance within 72 hours once an action plan has been completed with the request; CDC is requiring that we do more electronically. Greg Smith asked that we consider doing sub-population studies (similar to what the University of Minnesota has done). The SPG has done a very good job with our prioritization process and considers us as a peer to peer. There was time for questions from the SPG.		Greg Smith stated that he will send a written response to Brown McDonald's email question, which was sent in December 2005, regarding the population prioritization process used in Washington State.
Public Input	None		
Review of draft 2007 Plan Update to the 2005-2008 Comprehensive HIV Prevention Plan	Brown McDonald – The SPG reviewed the 2007 Plan Update. Corrections were noted.	The SPG approved the draft 2007 Plan Update to the 2005-2008 Comprehensive HIV Prevention Plan as presented with requested corrections added.	Brown McDonald to make corrections as noted to the draft 2007 Update to the 2005-2008 Comprehensive HIV Prevention Plan.
Announcements, Evaluation	<p>Frank Hayes – Looking for those interested on being on the HIV Review Panel as volunteers.</p> <p>Meeting end 2:15 p.m.</p>		

## **APPENDIX B**

### **SPG AND RPG LETTERS OF CONCURRENCE**



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
COMMUNITY AND FAMILY HEALTH  
HIV PREVENTION AND EDUCATION SERVICES  
PO Box 47840, Olympia, Washington 98504-7840

August 24, 2006

Ms. Cheryl Maddux, Grants Management Officer  
Acquisition and Assistance Branch I  
Procurement and Grants Office  
Mail Stop E-15 – **PA 04012 for Year 4**  
Centers for Disease Control and Prevention  
2920 Brandywine Road, Room 3000  
Atlanta, Georgia 30341-4146

Dear Ms. Maddux:

ATTN: Deborah Rogers Mercy

RE: Cooperative Agreement Number U62/CCU023506-04, Washington State HIV  
Prevention Project

On behalf of the Washington State HIV Prevention Planning Group (SPG), we are confirming our concurrence with the Washington State Department of Health (DOH) application to the CDC for 2007 HIV prevention funds. We believe that these documents address the HIV prevention needs of priority populations in Washington State and are being supported through the funding commitments of DOH. We feel that the 2007 Update to the 2005-2008 Comprehensive HIV Prevention Plan and the grant application reflect the planning efforts of the SPG and that a thorough review process was used to ensure concurrence. The review process consisted of the following three steps:

- 1) On July 27, 2006, the SPG received a report from its Regional Plan Review Committee. This committee reviewed the six regional HIV prevention plan 2007 updates to assure that each update was produced according to the CDC and SPG guidance for regional HIV prevention planning. The plan updates included letters of concurrence from the Regional HIV Prevention Planning Groups (RPGs).
- 2) Also, at this July 27, 2006 meeting, the SPG reviewed and voted to approve its 2007 Update to the 2005-2008 Comprehensive HIV Prevention Plan. The statewide plan update reflects the priorities and processes identified in the regional plan updates.

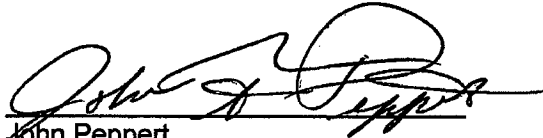


3) DOH ensured that the SPG had sufficient time to review the application to CDC for 2007 HIV prevention funds by distributing draft copies of the application to all members, by overnight delivery, one week prior to the SPG meeting of August 24, 2006. The SPG scheduled 35 minutes on the agenda to fully review and discuss the application prior to a determination of concurrence.

The SPG feels proud of how it has worked together with DOH to accomplish so much with such a diverse group of individuals. This was reflected in the SPG's review of, and concurrence with, DOH's application for HIV prevention funds.



Monte Levine  
Community Co-Chair  
Washington State  
HIV Prevention Planning Group



John Peppert  
Department of Health Co-Chair  
Washington State  
HIV Prevention Planning Group



1101 West College Avenue  
Spokane, WA 99201-2095

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509.324.1464 | TDD  
www.SRHD.org

June 21, 2006

John Peppert  
Washington State Department of Health  
PO Box 47844  
Olympia WA 98504-7844

RE: 2007 Region I AIDSNET Letter of Concurrence

Dear John:

Please be advised that the Region I AIDSNET Planning Group has reviewed the proposed allocation of funds (federal, state, and other) for HIV prevention services in the region. After reviewing all funding sources and populations targeted, we find that 100% of CDC funds and more than 50% of the State Omnibus Funds target the prioritized prevention needs identified by the Regional Planning Group as stated in the Region 2007 Update of the Comprehensive Prevention Plan with HIV+ persons being the top priority.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Morrissey".

Suzanne Morrissey  
Community Co-chair

A handwritten signature in cursive script, appearing to read "Leslie Spencer".

Leslie Spencer  
Health District Co-chair





**Yakima Health District**  
104 North First Street  
Yakima, Washington 98901  
Phone (509) 575-4040  
Fax (509) 249-6603

June 14, 2006

John Peppert, Director  
Washington State Department of Health  
Infectious Disease and Reproductive Health  
P.O. Box 47844  
Olympia, WA 98504-7844

Dear John:

Please be advised that the Region II Planning Group has reviewed the proposed allocation of funds for HIV prevention services in the region at our Region II Prevention Planning meeting on June 14, 2006. We find that the proposed allocations meet the criteria of utilizing 100% of the Centers for Disease Control and Prevention and 50% of the Omnibus (state) funding to target the prioritized populations and effective interventions, as outlined in the Region II 2006 HIV Prevention Plan.

Sincerely,

Debra Adams  
Community Co-chair

Wendy J. Doescher  
Health Dept. Co-chair  
Region II AIDSNET Coordinator



**SNOHOMISH  
HEALTH  
DISTRICT**

**REGION 3 AIDS SERVICE NETWORK**

3020 Rucker Avenue, Suite 208  
Everett, WA 98201-3900  
425.339.5211 FAX: 425.339.5253

*Healthy Lifestyles, Healthy Communities*

June 14, 2006

John Peppert, Director  
Washington State Department of Health  
Infectious Disease and Reproductive Health  
P.O. Box 47844  
Olympia, WA 98504-7844

**RECEIVED**  
**JUL 03 2006**

Dear John:

RE: LETTER OF CONCURRENCE

The Region 3 HIV/AIDS Community Planning Council, a Regional Planning Group (RPG) confirmed by clear majority vote at its meeting on June 14, 2006 that they concur with our public health regional AIDS service network's (AIDSNET) CDC and State grant application.

The planning group reviewed the AIDSNET proposed 2007 objectives, activities, and spending plan and finds them overall to be responsive to the priorities identified by the RPG as expressed in the 2006 Region 3 Comprehensive HIV/AIDS Prevention Plan Update (June 2006).

The planning group met approximately monthly in 2006 and through a series of full-group, committee and sub-committee meetings planned the content of meetings, defined needs established in the existing plan, and developed a schedule to review the region's HIV prevention application. Members reviewed materials at the June 14, 2006 regular meeting. Based on a review of the draft program plan, the planning group reached consensus on its concurrence with the HIV/AIDS prevention spending plans for 2007. The community and public health co-chairs have been designated as signatories to this letter of concurrence.

Sincerely,

Brylee Borth  
Community Co-chair

M. Ward Hinds, MD, MPH  
Public Health Co-chair

BB/MWH:apw



400 Yesler Way, Third Floor, Seattle, Washington 98104  
Phone (206) 296-4527 Fax (206) 205-5281

August 21, 2006

**Officers:**

Kris Nyrop  
David Richart  
Dennis Saxman  
Robert W. Wood

**Members:**

Richard Aleshire  
Lina Ali  
Dennis Bookhart  
Madeline Brooks  
Robert Carroll  
Charles Curvin  
Jim Elliott  
Brandie Flood  
Bill Hall  
Erin Kahle  
Mary Kamau  
Craig Kelso  
Higinio Martinez  
Forentino Lopez  
Andrew Murphy  
Ron Padget  
Tony Radovich  
German Rodriguez  
Pam Ryan  
Erick Seelbach  
Mary Tegger  
Karina Uldall  
Luis Viquez  
Kurt Wuellner

John Peppert, Director  
Infectious Disease and Reproductive Health  
Washington State Department of Health  
P.O. Box 47844  
Olympia, Washington 98504-7844

Dear John:

The Seattle HIV/AIDS Planning Council is the community planning body charged with determining the priorities that dictate the expenditure of certain local, state and federal HIV/AIDS care and prevention services funds granted to Public Health – Seattle & King County. The Council serves as the Region IV Prevention Planning Group.

Using the Centers for Disease Control guidance, the Council created its 2006-07 prevention plan with nine priority populations and the associated interventions for each population. As HIV Counseling and Testing was listed as a priority intervention for all HIV- populations and Partner Counseling and Referral Services was listed as a priority intervention for HIV+ persons, and as Public Health has allocated 100% of the 2007 Centers for Disease Control and Prevention dollars to these services, we concur that these allocations meet the priorities of the Council.

Additionally, the Ellensburg Agreement requires that 50% of Washington State AIDS Omnibus dollars which must be responsive to the Council's plan. At the Council's August 14, 2006 meeting, Public Health presented the allocation of Omnibus funds to programs implemented both by community-based organizations and the health department. We concur that at least 50% of these allocations meet the priorities of the Council.

Please contact Karen Hartfield, HIV Prevention Planner (206-205-8056) should you have any questions about this correspondence.

Sincerely,

A handwritten signature in black ink, appearing to be "Kris Nyrop".

Kris Nyrop  
Prevention Co-Chair

A handwritten signature in black ink, appearing to be "Bob Wood".

Bob Wood, M.D.  
Prevention Co-Chair

*REGION V PREVENTION COMMUNITY PLANNING GROUP*  
*Kitsap County & Pierce County*

June 30, 2006

John Peppert, Director  
Infectious Disease and Reproductive Health  
Washington State Department of Health  
P.O. BOX 47844  
Olympia, WA 98504

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JUL 10 2006

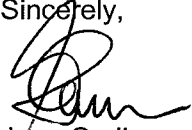
**RE: 2007 Region V Letter of Concurrence**

Dear Mr. Peppert:

On June 13, 2006, the Region V Prevention Community Planning Group unanimously voted to submit a letter of concurrence for the Region V 2007 HIV/AIDS Prevention Plan Update. The Community Planning Group reviewed and discussed the proposed allocations for Omnibus and CDC dollars and agreed that 100% of the CDC dollars and over 50% of the Omnibus dollars address the priorities (prioritized populations and identified interventions) we set in our plan.

Our goal is to ensure HIV prevention activities reach those most at risk in our Region for acquiring or transmitting HIV. To expand our knowledge base, increase our understanding, and solidify our role in the community and the planning process, we have identified several areas of interest we feel will help us reach our goal as we continue our work.

Sincerely,



Jerry Carlin  
Community Co-Chair



Nigel Turner  
Health Department Co-Chair

CC: Mary Saffold, Region V AIDSNet Coordinator



**Region VI**

## ***AIDS Services Network***

PO Box 9825  
Vancouver, WA 9866-8825

(360) 397-8086  
Fax (360) 397-8106

June 21, 2006

John Peppert, Director  
Washington State Department of Health  
Infectious Disease and Reproductive Health  
P.O. Box 47844  
Olympia, WA 98504-7844

Dear Mr. Peppert:

On behalf of the Region 6 HIV Prevention Planning Committee we express the Committee's concurrence with the 2007 Update to the 2005-2008 Region 6 Comprehensive Service Plan for CDC funds. We concur that 100% of the Federal funds will be used to address priorities established in the 2007 Update to the Region 6 AIDS Network 2005-2008 HIV Prevention Plan. We also concur with the corresponding plan for Washington State HIV/AIDS Prevention (Omnibus) funds, finding that the Region 6 plan provides that more than 51% of these funds will be spent on services targeted at high-risk populations identified by the Washington State HIV/AIDS Prevention Planning Group.

Sincerely,

Carol McNair  
Community Co-chair

David D. Heal M.S.W.  
Health Department Co-chair